



WEMMH/SB/21 (4/03)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/856.745
Filing Date	September 24, 2001
First Named Inventor	LUEHRMANN, Mark G.
Group Art Unit	3682
Examiner Name	Bradley J. Van Pelt
Attorney Docket Number	8016-547

Total Number of Pages in this Submission

3

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 1 month	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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DEC 8 2003
GROUP 3600**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	November 25, 2003

Certificate of MailingI hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: **November 25, 2003**

Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	November 25, 2003

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FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/856,745
Filing Date November 25, 2003
First Named Inventor Mark G. LUEHRMANN
Group Art Unit 3682
Examiner Name Bradley J. Van Pelt
Attorney Docket Number 8016-547

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GROUP 3600

Total Amount of Payment (\$)

100.00

METHOD OF PAYMENT

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 23-3030

Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$)
					0

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
	-20** =	X 18 =	
Independent Claims	-3** =	X 84 =	
Multiple Dependent		280 =	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
	18		9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

0

Other Fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

110

SUBMITTED BY

Name (Print/Type)

James M. Durlacher

Signature

James M. Durlacher

Registration No.

28,840

(Attorney/Agent)

Telephone

(317) 634-3456

Date

November 24, 2003